NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 09-01-2008 and ending 08-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☑ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
AMERICAN CANCER SOCIETY INC HIGH PLAINS DIVISION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2433 Ridgepoint Drive

City or town, state or country, and ZIP + 4
Austin, TX 787545207

D Employer identification number
74-1185665

E Telephone number
(512) 919-1900

G Gross receipts $ 231,773,604

F Name and address of Principal Officer
Michael P Dany - CEO
2433 Ridgepoint Drive
Austin, TX 787545207

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶ 0580

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www cancer org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1948

M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities

To eliminate cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from the disease, through research, education, advocacy, and service

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5	Total number of employees (Part V, line 2a)	5	775
6	Total number of volunteers (estimate if necessary)	6	358,585
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	107,894,091	93,335,211
9	Program service revenue (Part VIII, line 2g)	8,060	27,070
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,515,541	2,133,094
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,675,459	1,189,009
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	114,093,151	96,684,384
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,502,620	3,333,466
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	40,292,916	42,718,223
16a	Professional fundraising fees (Part IX, column (A), line 11e)	45,896	274,439
b	(Total fundraising expenses, Part IX, column (D), line 25 17,231,093)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	63,634,313	55,399,184
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	107,475,745	101,725,312
19	Revenue less expenses Subtract line 18 from line 12	6,617,406	-5,040,928

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	169,012,299	156,472,927
21	Total liabilities (Part X, line 26)	56,518,098	62,962,133
22	Net assets or fund balances Subtract line 21 from line 20	112,494,201	93,510,794

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

Signature of officer — Date: 2010-07-08

Watona K Furjanic Chief Staff Officer-Business Opers
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG US LLP, 1901 SIXTH AVE N STE 1200, BIRMINGHAM, AL 35203

EIN ▶

Phone no ▶ (205) 251-2000

May the IRS discuss this return with the preparer shown above? (See instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

The American Cancer Society is the nationwide, community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy and service

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 24,388,777 including grants of $ 2,937,339) (Revenue $)

Patient support programs assist cancer patients and their families in an effort to ease the burden of the disease Grants to affiliates $55,678 Relay for Life & Making Strides Against Breast Cancer - See Schedule O

4b (Code) (Expenses $ 14,931,318 including grants of $ 20,180) (Revenue $ 27,070)

Prevention programs, derived in part on our cancer research, provide the public and health professionals with information and education to prevent cancer occurrence and to reduce the risk of developing cancer Grants to affiliates $48,420 Relay for Life & Making Strides Against Breast Cancer - See Schedule O

4c (Code) (Expenses $ 8,337,382 including grants of $ 360,945) (Revenue $)

Detection and treatment programs seek to find cancer before it is clinically apparent and provide information and education about options for treatment, a cure, recurrence, symptom management, and pain control Grants to affiliates $1,831 Relay for Life & Making Strides Against Breast Cancer - See Schedule O

4d Other program services (Describe in Schedule O)

(Expenses $ 33,890,977 including grants of $ 15,002) (Revenue $)

4e Total program service expenses $ 81,548,454 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	457		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	34		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	775		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			No
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 28		
b	Enter the number of voting members that are independent . .	1b 28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5	Yes	
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed _____

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

WATONA K FURJANIC-CHIEF STAFF
1100 PENNSYLVANIA AVE
Kansas City, MO 64105
(816) 218-7160

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								2,262,072	123,726	711,637

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 18

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Trivers Associates Inc 100 N Broadway Suite 1800 ST LOUIS, MO 63102	Architect Fees	233,250

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII **Statement of Revenue**

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	6,055,090				
	b	Membership dues					
	c	Fundraising events	56,105,129				
	d	Related organizations					
	e	Government grants (contributions)	373,492				
	f	All other contributions, gifts, grants, and similar amounts not included above	30,801,500				
	g	Noncash contributions included in lines 1a-1f $ 1,320,240					
	h	**Total (Add lines 1a-1f)**		93,335,211			
Program Service Revenue			Business Code				
	2a	PROGRAM SERVICE FEES	900,099	27,070	27,070		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total. Add lines 2a-2f** ▶ $ 27,070					
	3	Investment income (including dividends, interest other similar amounts)		2,187,051			2,187,051
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	416,063				
	b	Less rental expenses	917				
	c	Rental income or (loss)	415,146				
	d	Net rental income or (loss)		415,146			415,146
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	124,493,974				
	b	Less cost or other basis and sales expenses	124,547,931				
	c	Gain or (loss)	-53,957				
	d	Net gain or (loss)		-53,957			-53,957
Other Revenue	8a	Gross income from fundraising events (not including $ 9,083,555 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000*	56,105,129				
	b	Less direct expenses	9,083,555				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000*	514,350				
	b	Less direct expenses	76,712				
	c	Net income or (loss) from gaming activities		437,638			437,638
	10a	Gross sales of inventory, less returns and allowances	1,292,887				
	b	Less cost of goods sold	1,380,105				
	c	Net income or (loss) from sales of inventory		-87,218			-87,218
		Miscellaneous Revenue	Business Code				
	11a	Insurance Proceeds	900,099	423,443			423,443
	b						
	c						
	d	All other revenue					
	e	**Total. Add lines 11a-11d**	$ 423,443				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		96,684,384	27,070		3,322,103

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	606,906	606,906		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	2,726,560	2,726,560		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,147,120	805,060	51,111	290,949
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,724,726	1,912,237	121,404	691,085
7 Other salaries and wages	27,830,265	19,533,971	121,404	7,056,272
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,966,240	2,080,493	131,861	753,886
9 Other employee benefits	5,578,670	3,913,955	248,871	1,415,844
10 Payroll taxes	2,471,202	1,733,644	110,263	627,295
11 Fees for services (non-employees)				
a Management	0			
b Legal	62,695	47,472	6,351	8,872
c Accounting	125,736	6,264	119,434	38
d Lobbying	420,994	405,858		15,136
e Professional fundraising *See Part IV, line 17*	274,439			274,439
f Investment management fees	0			
g Other	2,452,797	1,515,946	196,818	740,033
12 Advertising and promotion	731,742	593,250	1,831	136,661
13 Office expenses	4,550,996	3,018,905	239,025	1,293,066
14 Information technology	441,695	282,310	25,010	134,375
15 Royalties	0			
16 Occupancy	3,355,729	2,417,955	119,315	818,459
17 Travel	3,037,582	2,060,347	101,648	875,587
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	1,925,807	1,121,066	47,457	757,284
20 Interest	0			
21 Payments to affiliates	33,773,951	33,773,951		
22 Depreciation, depletion, and amortization	1,287,292	975,709	40,299	271,284
23 Insurance	287,340	199,586	11,350	76,404
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PRINTING - EDUCATIONAL & FR	2,073,710	1,271,868	99,964	701,878
b Miscellaneous Expenses	731,650	439,212	15,416	277,022
c Grants to Affiliates	139,468	105,929	18,315	15,224
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	101,725,312	81,548,454	2,945,765	17,231,093
26 **Joint Costs.** Check ☑ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	17785775	10,373,303	342,491	7,069,981

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	75,937,239	2	72,017,950
	3	Pledges and grants receivable, net	7,528,567	3	7,417,456
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,094,560	9	683,082
	10a	Land, buildings, and equipment cost basis — 10a: 44,346,346			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 20,876,055	23,198,321	10c	23,470,291
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	61,253,612	15	52,884,148
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	169,012,299	16	156,472,927
Liabilities	17	Accounts payable and accrued expenses	19,562,091	17	27,623,365
	18	Grants payable		18	
	19	Deferred revenue	699,284	19	403,408
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	36,256,723	25	34,935,360
	26	**Total liabilities.** *Add lines 17 through 25*	56,518,098	26	62,962,133
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	63,635,048	27	50,168,816
	28	Temporarily restricted net assets	23,976,518	28	23,373,358
	29	Permanently restricted net assets	24,882,635	29	19,968,620
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	112,494,201	33	93,510,794
	34	Total liabilities and net assets/fund balances	169,012,299	34	156,472,927

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY INC HIGH PLAINS DIVISION INC

Employer identification number
74-1185665

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	49,197,085	99,091,402	109,207,842	108,331,639	93,335,211	459,163,179
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3	49,197,085	99,091,402	109,207,842	108,331,639	93,335,211	459,163,179
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						459,163,179

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	49,197,085	3,484,924	109,207,842	108,331,639	93,335,211	459,163,179
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,141,817	3,484,924	4,404,239	3,951,166	2,603,114	15,585,260
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	423,443	423,443
11 **Total Support** (Add lines 7 through 10)						475,171,882

12	Gross receipts from related activities, etc (See instructions)	12	44,064,221

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**96.631 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**97.18 %**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 74-1185665
Name: AMERICAN CANCER SOCIETY INC HIGH PLAINS DIVISION INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mary Lou Adams PhD RN CFNP , Director	30	X						0	0	0
Therese Bevers MD , Director	30	X						0	0	0
Barbara Bucholtz JD , Director	30	X						0	0	0
Andrejs Avots Avotins MD PhD , Director	30	X						0	0	0
Marcus Brewer , Director	30	X						0	0	0
Michael J Bukstein MD FACS , Director	30	X						0	0	0
Harold Edwards PhD , Director	30	X						0	0	0
Donna K Hammack MS , Director	30	X						0	0	0
WP Phil Evans III MD FACR , Director	30	X						0	0	0
Maria R Gutierrez MAG PhD , Director	30	X						0	0	0
Karen B Heusinkveld RN DrPh , Director	30	X						0	0	0
Robert Langdon MD FACP , Director	30	X						0	0	0
Daniel Lydiatt MD FACS , Director	30	X						0	0	0
Cherilyn Pollard , Director	30	X						0	0	0
Alan Thorson MD FACS , Director	30	X						0	0	0
Thomas J Williams , Director	30	X						0	0	0
Tim Mauldin PhD , Director	30	X						0	0	0
Mark Redrow MD , Director	30	X						0	0	0
Richard W Stilwell CPA CMC , Director	30	X						0	0	0
Lawrence Tierney MD , Director	30	X						0	0	0
Gerald L Woolam MD , Director	30	X						0	0	0
Allen Henderson PHd , Chair	50	X		X				0	0	0
Charlotte L Burke MSRD , Vice Chair	50	X		X				0	0	0
Judith Calhoun PhD ARNP , Immediate Past Chair	50	X		X				0	0	0
Jon Hornaday , Director	30	X						0	0	0
Lewis Foxhall MD , Chief Medical Officer	50	X		X				0	0	0
Jack Steinmeyer , Treasurer	50	X		X				0	0	0
Lynn Hancock , Secretary	50	X		X				0	0	0
Michael P Dany , Chief Executive Officer	550			X				422,144	105,536	122,964
Watona K Furjanic , Chief Staff Off-Business Ops	450			X				163,707	18,190	31,200

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Christopher H Tortı , Chief of Staff	45 0				X			278,434	0	83,662
S Ted Buckland , Exec Office Advisor, outgoing	45 0					X		408,443	0	304,000
Mark S Clanton , Chief Medical Staff Officer	45 0					X		312,849	0	34,580
William J Dalton , General Counsel	45 0					X		274,561	0	51,401
Daniel F Ingram , Ch Staff Off-Strat Initiatives	45 0					X		188,430	0	55,839
John R Linduff , Chief Staff Off-Field Ops	45 0					X		213,504	0	27,991

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
AMERICAN CANCER SOCIETY INC HIGH PLAINS DIVISION INC	74-1185665

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $ _____

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ _____

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	76,106	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	660,099	
c	Total lobbying expenditures (add lines 1a and 1b)	736,205	
d	Other exempt purpose expenditures	83,758,014	
e	Total exempt purpose expenditures (add lines 1c and 1d)	84,494,219	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—	1,000,000	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	408,595	1,378,813	957,115	660,099	3,404,622
d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line d, column (e))					1,500,000
f	Grassroots lobbying expenditures	11,586	142,114	190,620	76,106	420,426

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i	Other activities If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
General Disclosure	Schedule C, Part IV	Public policy initiatives have the potential to impact people touched by cancer Recognizing the power of advocacy to accomplish its mission, the American Cancer Society supports limited lobbying activities to achieve evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem

Part IV Supplemental Information

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493194003170

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY INC HIGH PLAINS DIVISION INC

Employer identification number
74-1185665

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	720,274				
b Contributions					
c Investment earnings or losses	-55,487				
d Grants or scholarships					
e Other expenditures for facilities and programs	21,195				
f Administrative expenses					
g End of year balance	643,592				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 %
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		6,362,807		6,362,807
b Buildings		34,063,440	17,845,004	16,218,436
c Leasehold improvements		23,866	23,866	
d Equipment		1,939,557	1,705,057	234,500
e Other		1,956,677	1,302,129	654,548
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				23,470,291

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DUE FROM AFFILIATES	11,154,662
DIV INT COMB ENDOWMENT POOL	143,416
COMBINED PLANNED GIVING POOL	40,709,862
BENEFICIAL INTEREST IN TRUSTS	876,208
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* ▶	52,884,148

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	34,935,360
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	34,935,360

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Intended Use of the Organization's Endowment Funds	Part V, Line 4	The filing organization maintains endowment funds in perpetuity Distributions from the investment earnings of the endowment funds are made in accordance with the filing organization's endowment spending policy These distributions are used for the filing organization's mission in accordance with any applicable donor restrictions
FIN 48	Part X	The filing organization had no uncertain tax positions for the year ended August 31, 2009

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY INC HIGH PLAINS DIVISION INC

Employer identification number
74-1185665

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Marts Lundy	Campaign Feas Study		No		18,350	-18,350
Biondolillo Associates	Making Strides		No	444,129	33,441	410,688
See Schedule O	Renewal Mail		No	3,412,753	193,024	3,219,729
See Schedule O	Return to Relay		No		20,839	-20,839
See Schedule O	Reflections		No		6,070	-6,070
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

KS,MO,NE,OK,TX

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Relay For Life (event type)	(b) Event #2 Dallas Cattle B (event type)	(c) Other Events 360 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	47,352,886	5,942,494	11,893,304	65,188,684
	2 Less Charitable contributions	44,708,568	3,107,414	8,289,147	56,105,129
	3 Gross revenue (line 1 minus line 2)	2,644,318	2,835,080	3,604,157	9,083,555
Direct Expenses	4 Cash Prizes	40		6,830	6,870
	5 Non-cash Prizes	291,389	143,523	41,908	476,820
	6 Rent/Facility costs	332,955	255,732	655,041	1,243,728
	7 Other direct expenses	2,019,934	2,435,825	2,900,378	7,356,137
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				9,083,555
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			514,350	514,350
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes			2,586	2,586
	4 Rent/facility costs			39,478	39,478
	5 Other direct expenses			34,648	34,648
	6 Volunteer labor	☐ Yes ____ % ☑ No	☐ Yes ____ % ☑ No	☑ Yes 80 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				76,712
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				437,638

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities KS, MO, NE, OK, TX			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		No
b	If "No," Explain Licensed where required, as some states do not require specific gaming licensures			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11	Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		No

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**	100 %	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ WATONA K FURJANIC CFO

Address ▶

15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶ WATONA K FURJANIC CFO

Gaming manager compensation ▶ $ 1,637

Description of services provided ▶ RESPONSIBILITY FOR OVERALL SUPERVISION

☑ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY INC HIGH PLAINS DIVISION INC

Employer identification number
74-1185665

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 12

3 Enter total number of other organizations . . . ▶ 2

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Procedures for Monitoring Use of Grant Funds in the United States		Categories and Procedures 1 Grants awarded for patient navigation services Procedure Require regular reports which detail number of patients and services provided 2 Grants awarded for breast cancer screening Procedure Require reports which detail number of women who have received mammograms 3 Grants awarded for children's camps Procedure Require reports which detail number of children attending camp and the activities conducted during the camp 4 Scholarships awarded to young cancer survivors Procedure Students are required to submit application which validates eligibility requirements of residency, cancer diagnosis, age, and attendance at an accredited institution A GPA of at least 2 0 is required and validated by student transcript Students are required to submit an essay with their application and transcript

Additional Data

Return to Form

Software ID:

Software Version:

EIN: 74-1185665

Name: AMERICAN CANCER SOCIETY INC HIGH PLAINS DIVISION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Academy of Medicine Engineering and Science of TePO Box 7247 Austin,TX 78713	20-1014851	501(C)3	15,000				Corporate Sponsorship
United Way of Greater Kansas City1080 Washington Kansas City,MO 64105	44-0545812	501(C)3	7,000				Community Resource Consultant
Harris County Hospital District Foundation2525 Holly Hall Suite 235 Houston,TX 77054	76-0408224	501(C)3	43,921				Cancer education and resources to cancer patients and their families
Harris County Hospital District Foundation2525 Holly Hall Suite 235 Houston,TX 77054	76-0408224	501(C)3	37,000				Support of Breast Canceer Activities
San Jacinto Methodist Hospital4401 Garth Road Baytown,TX 77521	74-1287015	501(C)3	18,732				Support of Breast Cancer Activities
Rita Foundation9701 Richmond Ave 120 Houston,TX 77042	73-1706204	501(C)3	6,030				Reach women who are unable to get a screening mamogram
The Rose12700 North Featherwood Suite 260 Houston,TX 77034	76-0193812	501(C)3	36,968				support of breast cancer activities
ANR FoundationPO Box 668 Berkeley,CA 94701	38-2602116	501(C)3	13,100				Public Opinion Poll
Camp Rainbow Foundation 14309 Millbriar Circle Chesterfield,MO 63017	43-1563030	501(C)3	5,500				Camp sponsorship
Truman Medical center Charitable Foundation2310 Holmes Suite 735 Kansas City,MO 64108	43-1194064	501(C)3	50,000				Provide Cancer Patients with Information Resources

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Every Woman Matters ProgramPO Box 94817 Lincoln, NE 68509	47-0491233	Gov't	125,000				Support of Breast Cancer activities in Nebraska
Oklahoma State Dept of Health1000 NE 10th Street Oklahoma City, OK 73117	73-6017987	Gov't	60,000				Support of breast cancer activities in Oklahoma BCCEDP
Oklahoma State University119 Student Union Stillwater, OK 74078	73-6017987	University	6,000				Scholarships
Texas A&M University PO Box 30018 College Station, TX 77842	74-2125225	University	6,000				Scholarships

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Camps and Retreats	305	172,071			
Guest Room	602	71,735			
Gift Closet	8181	914,878			
Nutritional Supplements	6057	256,896			
Look Good and Feel Better	4336		709,199	Cost	hair/grooming/makeup
Road to Recovery	805	12,629			
Reach to Recovery	2842	35,501			
Transportation	5757	536,274			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY INC HIGH PLAINS DIVISION INC

Employer identification number
74-1185665

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Michael P Dany	(i)	281,905	29,212	111,027	78,682	19,690	520,516	0
	(ii)	70,476	7,303	27,757	19,670	4,922	130,128	0
Christopher H Torti	(i)	258,474	19,960	0	64,678	18,984	362,096	0
	(ii)	0	0	0	0	0	0	0
Watona K Furjanic	(i)	151,464	12,243	0	13,349	14,731	191,787	0
	(ii)	16,829	1,361	0	1,483	1,637	21,310	0
S Ted Buckland	(i)	51,352	90,933	266,158	300,819	3,181	712,443	0
	(ii)	0	0	0	0	0	0	0
Mark S Clanton	(i)	290,145	22,704	0	11,796	22,784	347,429	0
	(ii)	0	0	0	0	0	0	0
William J Dalton	(i)	274,561	0	0	42,219	9,182	325,962	0
	(ii)	0	0	0	0	0	0	0
Daniel F Ingram	(i)	174,257	14,173	0	36,502	19,337	244,269	0
	(ii)	0	0	0	0	0	0	0
John R Linduff	(i)	197,347	16,157	0	8,839	19,152	241,495	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Supplemental Compensation Information		The filing organization maintains a Supplemental Executive Retirement Plan ("SERP") as part of the total compensation arrangements for certain executives The SERP is designed to restore certain benefits that are lost as a result of tax restrictions on benefits payable from the tax-qualified defined benefit retirement plan As part of the Compensation Committee (the "Committee") responsibilities, the Committee considers the new and total values of all SERP benefits as part of the total compensation for each participating executive The Committee process is fully described in Schedule O as related to Part VI, Line 15 Included in Column B(iii) is an amount representing the current year change in actuarial value of plan assets, and in some cases the current year contribution to plan assets With the exception of any current year retirees, no amounts were actually paid to the eligible executives during the year THE INDIVIDUALS LISTED BELOW PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE AMOUNT OF THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) BENEFIT PROVIDED IS NOTED NEXT TO THE NAME OF EACH INDIVIDUAL MICHAEL P DANY - $138,784 (TAXABLE SERP COMPENSATION) S TED BUCKLAND - $541,189 (SERP PAYOUT) LINE 5A, COMPENSATION BASED ON REVENUES OF THE ORGANIZATION CERTAIN OFFICERS AND KEY EMPLOYEES AT THE AMERICAN CANCER SOCIETY ARE ELIGIBLE TO RECEIVE INCENTIVE PAYMENTS AS PART OF TOTAL COMPENSATION INCENTIVE PAYMENTS ARE BASED ON THE ACHIEVEMENT OF STRETCH GOALS IN VARIOUS CATEGORIES INCLUDING MISSION OUTCOMES, STRATEGIC ALIGNMENT, AND REVENUE S TED BUCKLAND - OTHER REPORTABLE COMPENSATION OF $266,158 (PART II, B(III)) IS THE FINAL CHANGE IN THE ACTUARIAL VALUE OF SERP RETIREMENT BENEFITS WHICH INCLUDES THE ACCUMULATED INTEREST ON THE BENEFIT BUCKLAND RETIRED DURING CALENDAR YEAR 2008 AFTER SERVING THE SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR 25 YEARS DEFERRED COMPENSATION OF $300,819 (PART II, C) IS THE FINAL CHANGE IN THE ACTUARIAL VALUE OF QUALIFIED RETIREMENT BENEFITS

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY INC HIGH PLAINS DIVISION INC

Employer identification number
74-1185665

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Jeanne D Startzel	Sibling to Mike Dany - CEO	104,606	Compensation		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY INC HIGH PLAINS DIVISION INC

Employer identification number
74-1185665

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	567	278,857	cost/selling price
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe SHOPPING CARDS)	X	680	1,041,383	COST/SELLING PRICE
26	Other (describe)				
27	Other (describe)				
28	Other (describe)				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement*	29	0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes", describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes", describe in Part II			
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation
CARS FOR A CURE PROGRAM	SCHEDULE M, PART I, LINE 32B AND PART II	Cars for a Cure is a program which encourages individuals to donate their car, truck, motorcycle, newer boat on a trailer, RV, and/or motor home to the American Cancer Society The American Cancer Society uses a third party auction vendor to sell the donated items The proceeds from the sale are then used for the American Cancer Society's mission The Cars for a Cure program is managed centrally by the American Cancer Society, Inc (National Home Office) The National Home Office uses one of its chartered divisions to perform the administrative functions of the Cars for a Cure program As a result, forms 8282, 8283 and 1098-C, which are all required to be filed with the IRS in connection with the receipt and sale of these non-cash contributions, are filed using the chartered division's Employer Identification Number rather than the filing organization's Employer Identification Number

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY INC HIGH PLAINS DIVISION INC

Employer identification number
74-1185665

Identifier	Return Reference	Explanation
General Disclosure	Form 990, Part III, Lines 4a - 4c	Making Strides Against Breast Cancer is an event that raises awareness for and fights back against breast cancer by -Helping people stay well by showing women steps they can take to reduce their breast cancer risk and make informed decisions about their health We help women learn about healthy lifestyle choices and which screening tests, like mammograms, are right for them -Helping people get well by providing information, day-to-day help, and emotional support Whether it's helping people make informed decisions about their care or connecting them with breast cancer survivors, we're here for them - so they can focus on feeling better -Finding cures through research to help find the causes of breast cancer and better ways to treat it so that more people can survive the disease We have been an important part of nearly every major breast cancer research breakthrough in recent history, including funding the development of Tamoxifen and Herceptin and using mammograms to screen for breast cancer -Fighting back against breast cancer by working with law makers to increase funding for breast cancer screening and treatment, and by bringing communities together through our Making Strides Against Breast Cancer events to raise funds and awareness to fight the disease Relay For Life is an event that focuses support on survivors who have battled and are battling the disease and the caregivers that give their support to those fighting cancer It honors those who have been lost to the disease to aid in healing and highlight the importance of defeating the disease Finally, it helps fight back against the disease by participants making a personal commitment to save lives by taking up the fight against cancer This commitment involves doing something such as getting a screening test, quitting smoking or talking to elected officials about cancer By taking action, people are personally taking steps to save lives and fight back against the disease

Identifier	Return Reference	Explanation
Other Program Services	Form 990, Part III, Line 4d	Research - Support provided to academic institutions and scientists to seek new knowledge about the causes, prevention and cure of cancer and to conduct epidemiological and behavioral studies - $117,026 Public support, which is allocable to affiliates for nationally managed programs These nationally managed programs, which include research and the National Cancer Information Center (1-800-227-2345), directly benefit constituents of the filing organization as well as other affiliated organizations throughout the nation - $33,773,951

Identifier	Return Reference	Explanation
Cars for a Cure Program	Form 990, Part V, Lines 7c,d,h	The Cars for a Cure program is managed centrally by the American Cancer Society, Inc (National Home Office) The National Home Office uses one of its chartered divisions to perform the administrative functions of the Cars for a Cure program As a result, forms 8282, 8283 and 1098-C, which are all required to be filed with the IRS in connection with the receipt and sale of these non-cash contributions, are filed using the chartered division's Employer Identification Number rather than the filing organization's Employer Identification Number

Identifier	Return Reference	Explanation
EXPL OF NATURE OF DIVERSION, CORRECTIVE ACTION AND PERTINENT CIRCUMSTANCES	Form 990, Part VI, Line 5	Nature of the diversion There was one instance of fraud related to telecommunications Amount of property involved $1,517,057 The theft was investigated through our Internal Audit Services Department and their findings were reported to the authorities The former employee was prosecuted, convicted, and is currently serving his sentence A majority of the stolen funds have been recovered

Identifier	Return Reference	Explanation
Board Review of Form 990	Form 990, Part VI, Line 10	Management prepares and reviews the Form 990 Then, prior to filing with the IRS, the Form 990 is provided to the Board of Directors' Stewardship and Fiscal Accountability Committee The CFO then conducts a detailed review of the Form 990 with the committee members An electronic (or hard) copy of the Form 990 is provided to each member of the Board of Directors prior to the form being filed with the IRS

Identifier	Return Reference	Explanation
Conflicts of Interest Policy	FORM 990, PART VI, LINE 12	The American Cancer Society maintains a written conflict of interest (COI) policy, which is reviewed by management and the Board of Directors' Audit Committee at least annually and modified as required The Board of Directors, trustees, officers, key employees, and all other employees of the organization are required to certify annually that they have read and understand the COI policy and submit a written questionnaire each year disclosing any known conflicts The responses to the questionnaires are reviewed by management Management also monitors all transactions during the normal course of business to identify other potential conflicts On a quarterly basis, the Board of Directors' Audit Committee reviews potential conflicts to determine whether any actual conflicts exist Individuals who believe they are in a potential conflict are required to recuse themselves from the deliberation and decision-making process

Identifier	Return Reference	Explanation
Compensation	FORM 990, PART VI, LINE 15	The American Cancer Society uses an independent Compensation Committee ("the Committee") to determine compensation for the Chief Executive Officer ("CEO") and all Disqualified Persons (defined below), which includes other officers and all key employees The Committee discharges the duty of the Board of Directors (the "Board") in fulfilling the Board's oversight responsibilities for determining the adequacy and reasonableness of the compensation and benefits paid to the CEO This Committee fulfills the same responsibilities regarding other employees or individuals associated with the American Cancer Society who the Committee determines to be or to have been at any time during the preceding five years in a position to exercise substantial influence over the affairs of the American Cancer Society within the meaning of section 4958 of the Internal Revenue Code and the regulations promulgated thereunder ("Disqualified Persons") The Committee operates under a charter, which provides that in the discharge of its duties the Committee will (a) Conduct an annual review of and comment on the CEO's performance against defined goals, (b) Review annually the CEO's compensation and benefits in relation to the marketplace and relevant independent data, (c) Revise if necessary the CEO's performance goals, (d) Decide on any changes in the CEO's compensation and/or benefits (including retirement benefits or issues relating to retirement) or in his or her employment agreement, (e) Identify the filing organization's other Disqualified Persons and annually report on the identity of those persons to the Board, (f) Review, comment on, and approve or seek clarification on the recommendations of the CEO on the terms of employment and range of compensation, which includes salary range and benefits, of all Disqualified Persons (in addition to the CEO) after determining that such terms are reasonable, (g) Review, comment on, approve or seek clarification on the severance and/or retention arrangements for any Disqualified Person, (h) Consider all benefits provided by the American Cancer Society to the CEO and other Disqualified Persons when determining the reasonableness of the compensation and benefits, (i) Determine whether the American Cancer Society's compensation and benefit plans are appropriate relative to the marketplace for the skills employed, based additionally on relevant independent data, and if not, make appropriate recommendations to the Board, (j) Report its activities and decisions to the Board at least annually

Identifier	Return Reference	Explanation
Documents Available to Public	Form 990, Part VI, Line 19	The American Cancer Society takes its mission to save lives seriously and therefore works to ensure that the resources entrusted to it by the public are used to fulfill our mission and otherwise protected The American Cancer Society's organizational governance structure and system deploy the proper checks and balances, incorporate the input of appropriate experts on decision making, and assert discipline of strategic oversight over both the operations and the conduct of employees The filing organization's Conflict of Interest Policy (which can be found in the Governance Practices Section), and combined audited financial statements (which can be found in the Financial Information Section) are made available to the general public by posting to its Web site at www cancer org The organization's other governing documents are available upon request

Identifier	Return Reference	Explanation
Grants to Affiliates	Form 990, Part IX, Line 24c	Grants to Affiliates are not entirely allocable to Program activities Listed below are recipients That received more than $5,000 American Cancer Society, Inc 250 Williams St Atlanta, GA 30303 EIN 13-1788491 IRC 501(c)(3) $139,468 Hope Lodge & Nationwide Resources

Identifier	Return Reference	Explanation
General Disclosure Regarding Financial Statements		The American Cancer Society is required by the IRS to submit Form 990s for each of its legal organizations While each Form 990 does represent the operations of each American Cancer Society Division, it does not individually present a comprehensive or meaningful picture of the American Cancer Society's financial transactions as a whole Additionally, Form 990 is presented in accordance with IRS regulations which in some cases are at variance with generally accepted accounting principles Therefore, the Society provides the Combined Financial Statements on its Web site, www cancer org The Combined Financial Statements provide the only meaningful financial information for the entire American Cancer Society organization since they are presented in accordance with generally accepted accounting principles and combine all parts of the organization in one set of financial statements While the filing organization's financial statements were not separately audited by an independent accountant, the filing organization's financial statements are included in the Combined Financial Statements which were audited by an independent accountant Also included on the Society's Web site is a copy of the Society's most recent annual report, which discusses the entire Society's mission and accomplishments

Identifier	Return Reference	Explanation
Financial Statements	Form 990, Part XI, Line 2b	The filing organization's financial statements are included in the above referenced Combined Financial Statements, which are audited annually by an independent accountant

Identifier	Return Reference	Explanation
Mail Solicitation	Schedule G, Part I, Line 2b (i)	The filing organization participates in certain mail solicitation programs with the American Cancer Society, Inc (National Home Office) The National Home Office manages these programs and contracts directly with vendors to provide services for these mail solicitation programs The filing organization's share of the costs of these programs is allocated to the filing organization from the National Home Office The filing organization has reported these costs as Professional Fundraising costs on line 11e of Part IX of the core Form 990 The National Home Office complies with all required statutory filing requirements as a result of its contracts with the vendors for these programs

Identifier	Return Reference	Explanation
ADVERAGE HOURS DEVOTED TO RELATED ORGANIZATION	SCHEDULE J-2	The individuals listed on schedule J-2 are employees of the American Cancer Society High Plains Division, Inc However, certain of those individuals also spend a portion of their time conducting business in their roles with organizations that are related to the American Cancer Society Hawaii Division, Inc Since these organizations are considered related organizations for 990 purposes, the total compensation, for individuals disclosed on schedule J-2, from the filing organization and all related organizations is required to be disclosed on schedule J-2 These same amounts are also required to be reported on the Form 990's for each related organization The following individuals' average hours per week working for related organizations are as follows American Cancer Society Hawaii Pacific, Inc Michael P Dany - 9 hours per week Watona K Furjanic - 5 hours per week

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY INC HIGH PLAINS DIVISION INC

Employer identification number
74-1185665

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
HAWAII PACIFIC INC 2370 NUUANU AVENUE HONOLULU, HI968171714 99-0073489	Cancer Supp	HI	501(c)(3)	7	

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) Disproprtionate allocations? No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**Yes**	
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p	Reimbursement paid by other organization for expenses	**1p**		**No**
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	HAWAII PACIFIC INC	D	2,006,225
(2)	HAWAII PACIFIC INC	N	500,057
(3)	HAWAII PACIFIC INC	O	56,814
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No